

ISSUE SLIP STAPLE AREA (for additional cross reference)

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B.H	60245	1-4-9
O.I.P.E. CLASSIFIER		18	1-7-99
FORMALITY REVIEW	cm	64850	9-86-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-4-9
2	✓	✓	1-4-9
3	✓	✓	1-4-9
4	✓	✓	1-4-9
5	✓	✓	1-4-9
6	✓	✓	1-4-9
7	✓	✓	1-4-9
8	✓	✓	1-4-9
9	✓	✓	1-4-9
10	✓	✓	1-4-9
11	✓	✓	1-4-9
12	✓	✓	1-4-9
13	✓	✓	1-4-9
14	✓	✓	1-4-9
15	✓	✓	1-4-9
16	✓	✓	1-4-9
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25	✓	✓	1-4-9
26	✓	✓	1-4-9
27	✓	✓	1-4-9
28	✓	✓	1-4-9
29	✓	✓	1-4-9
30	✓	✓	1-4-9
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47	✓	✓	1-4-9
48	✓	✓	1-4-9
49	✓	✓	1-4-9
50	✓	✓	1-4-9

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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